

<i>SERFF Tracking Number:</i>	<i>STAN-126661531</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>45927</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>FGA7/10, AGA5/7</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Standard Insurance Company

Product Name: FGA7/10, AGA5/7

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: STAN-126661531 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Bill Douglas, Diane
Hodgman

Disposition Date: 06/17/2010

Date Submitted: 06/11/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/17/2010

Deemer Date:

Submitted By: Diane Hodgman

Filing Description:

Re: Standard Insurance Company

NAIC No. 000-69019 FEIN No. 93-0242990

Individual Fixed Deferred Annuity

Contract Data Form No. FGA7(03/10)

Contract Data Form No. FGA10(03/10)

Contract Data Form No. AGA5(03/10)

Contract Data Form No. AGA7(03/10)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed
simultaneously in domiciliary state

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/17/2010

Created By: Diane Hodgman

Corresponding Filing Tracking Number:

SERFF Tracking Number: STAN-126661531 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 45927
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FGA7/10, AGA5/7
Project Name/Number: /

Market Value Adjustment Rider Form No. R-MVAR(03/10)
Bonus Interest Rate Rider Form No. R-INT-BONUS(03/10)
Deferred Annuity Application Form No. SI 10040 (3/10)

Standard Insurance Company is submitting the above-referenced forms for your review and approval. The above-referenced forms do not replace any existing policy forms currently in use by us EXCEPT for the following form previously approved by your Department:

Form Number; Replacing Form Number; Previous Approval Date

SI 10040 (3/10); 10040(01/05); January 6, 2005

The above-referenced Contract Data forms will be used in conjunction with Individual Single Premium Annuity Contract Form No. SPDA(9/03), previously approved by your Department effective as of December 29, 2003, i.e., Type of Insurance Product Coding Matrix Filing Code A02I – Individual Annuity Deferred Non-variable, Sub-type of Insurance Product Coding Matrix Filing Code A02I.003 Single Premium.

The above-referenced Rider forms are filed as optional riders to be used with the following Individual Deferred Single-Premium Annuity Contract Forms, depending upon the plan design:

Contract Form Number; Approval Date
SPDA(9/03)*; December 29, 2003
SRA-B(9/01)*; October 29, 2001
SRA(9/00)*; October 31, 2000

The above-referenced Application form will also be used with plan designs under the Individual Deferred Single-Premium Annuity Contract Forms listed above as well as with our Individual Deferred Flexible Premium Annuity Contract Form:

Contract Form Number; Approval Date
FPDA(12/03)**; March 11, 2004

*Plan designs are Type of Insurance Product Coding Matrix Filing Code A02I – Individual Annuity Deferred Non-variable, Sub-type of Insurance Product Coding Matrix Filing Code A02I.003 Single Premium.

**Plan designs are Type of Insurance Product Coding Matrix Filing Code A02I – Individual Annuity Deferred Non-variable, Sub-type of Insurance Product Coding Matrix Filing Code A02I.002 Flexible Premium.

SERFF Tracking Number:	STAN-126661531	State:	Arkansas
Filing Company:	Standard Insurance Company	State Tracking Number:	45927
Company Tracking Number:			
TOI:	A10 Annuities - Other	Sub-TOI:	A10.000 Annuities - Other
Product Name:	FGA7/10, AGA5/7		
Project Name/Number:	/		

The SERFF System does not allow a choice of Single Premium and Flexible Premium at the same time to apply for forms applicable to both, so we are filing under Type of Insurance Product Coding Matrix Filing Code A10 Annuities – Other, Sub-type of Insurance Product Coding Matrix Filing Code A10.000 Annuities – Other. Please understand that our Contract Data pages and optional riders apply to our Contract Forms SPDA(9/03), SRA-B(9/01), and SRA(9/00) which are single premium deferred annuities, and our Application Form applies to each of our Contract Forms noted above (both single premium and flexible premium).

Copies of the forms we are filing are attached for your review and for the final approval notification for our record retention.

The attached forms are filed in an 8½ x 11 format, but also may be printed in other formats (e.g., 5½ x 8½ booklet size) or via electronic media (e.g., CD-ROM, Internet, Intranet). Distribution and access may also be via hard copy or electronic media. In all cases the forms will meet or exceed the minimum standards of your applicable state insurance form readability requirements.

We believe that no part of our filing contains any unusual or controversial items from normal company or industry standards.

The individual annuity product under the above-referenced forms will be marketed through traditional channels, i.e., brokers and agents, and through financial institutions.

Our domiciliary state of Oregon does not charge a filing fee for this submission.

Form Descriptions

Form No: FGA7(03/10)

Description:

Individual Single Premium Deferred Annuity -- Contract Data Page for Seven-Year Interest Rate Guarantee Plan Design

- Base interest rate guaranteed for first seven contract years.
- The annuity date is age 95 or the end of the 10th contract year, whichever is later.
- Surrender charges apply through the seventh contract year.
- Issued to policyowners age 18 through 90 to cover annuitants age 0 through 90 at time of issue.

Form No: FGA10(03/10)

Description:

SERFF Tracking Number: STAN-126661531 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 45927
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FGA7/10, AGA5/7
Project Name/Number: /

Individual Single Premium Deferred Annuity -- Contract Data Page for Ten-Year Interest Rate Guarantee Plan Design

- Base interest rate guaranteed for first ten contract years.
- The annuity date is age 95 or the end of the 10th contract year, whichever is later.
- Surrender charges apply through the ninth contract year.
- Issued to policyowners age 18 through 80 to cover annuitants age 0 through 80 at time of issue.

Form No. AGA5(03/10)

Description:

Individual Single Premium Deferred Annuity – Contract Data Page for a one-year Interest Rate Guarantee/five-year Surrender Period Plan Design

- Base interest rate guaranteed for first contract year.
- The annuity date is age 95 or the end of the 10th contract year, whichever is later.
- Surrender charges apply through the fifth contract year.
- Issued to policyowners age 18 through 90 to cover annuitants age 0 through 90 at time of issue.

Form No. AGA7(03/10)

Description:

Individual Single Premium Deferred Annuity – Contract Data Page for a one-year Interest Rate Guarantee/seven-year Surrender Period Plan Design

- Base interest rate guaranteed for first contract year.
- The annuity date is age 95 or the end of the 10th contract year, whichever is later.
- Surrender charges apply through the seventh contract year.
- Issued to policyowners age 18 through 90 to cover annuitants age 0 through 90 at time of issue.

Form No: R-INT-BONUS(03/10)

Description:

Bonus Interest Rate Rider – Individual Deferred Annuities. This rider is an optional rider that will be used with our individual single premium deferred annuity products with a plan design that includes a bonus interest rate, including any previously approved plan designs.

Form: R-MVAR(03/10)

Description:

Market Value Adjustment Rider – Individual Deferred Annuities. This rider is an optional rider that will be used with our individual single-premium deferred annuity products with a plan design that includes a market value adjustment, including previously approved plan designs. During the market value adjustment period the market value adjustment formula will be applied to the surrender value and may result in an upward or downward adjustment of the payout.

<i>SERFF Tracking Number:</i>	<i>STAN-126661531</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>45927</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>FGA7/10, AGA5/7</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Form No: SI 10040 (3/10)

Description:

Application -- Individual Deferred Annuities. Application for our fixed deferred annuity products. The application will be available both as an attachment to various product brochures and as a stand-alone form. It may be revised to add new fixed deferred annuity products or to delete products that are no longer marketed. The order in which the information is requested may also change, i.e., name of applicant, gender, birth date, etc. However, we will not vary the attestation (declaration), replacement, or privacy statements unless such is necessitated by newly enacted statute or newly adopted regulation.

The plan designs under the above-referenced Contract Data forms may be with the following optional forms previously approved by your Department, according to the plan design:

Form;	Approval Date
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Guarantee of Principal Rider Form No. R-GOP(9/03);	December 29, 2003
Ten Percent (10%) Annuity Fund Value Rider Form No. R-TEN(9/03);	December 29, 2003
Earned Interest Only Rider Form No. R-EIO(9/03);	December 29, 2003
Nursing Home Benefit Rider Form No. R-NHB(9/03);	December 29, 2003
Terminal Condition Benefit Rider Form No. R-TCB(9/03);	December 29, 2003
Death Benefit Rider Form No. R-DB(7/04);	August 4, 2004

The plan designs under the above-referenced Contract Data forms will be used with the following forms previously approved by your Department in accordance with the type of plan purchased (e.g., IRA, Roth IRA, Qualified Pension Plan, 403(b) TSA plan, etc.):

Form;	Approval Date
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Systematic Withdrawal Option Endorsement Form No. SWO-DEF(9/01);	October 29, 2001
IRA Rider Form No. IRA(7/02);	October 22, 2002
Roth IRA Rider Form No. Roth IRA(7/02);	October 22, 2002
Qualified Pension Plan Rider Form No. R-QPP(9/03);	December 29, 2003
403(b) Annuity – ERISA Tax-Sheltered Annuity Rider Form No. R-ERTSA(11/08);	December 17, 2008
403(b) Annuity – Non-ERISA Tax-Sheltered Annuity Rider Form No. R-NERTSA(11/08);	December 17, 2008

We understand you will access the \$350 filing fee via EFT through SERFF.

SERFF Tracking Number: STAN-126661531 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 45927
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FGA7/10, AGA5/7
Project Name/Number: /

The following items are also attached:

- Explanation of variability
- Applicable Filing Transmittal forms, as required
- Readability certification
- Actuarial memorandum

We appreciate your consideration and review of our submission. Please feel free to contact us if you have any questions about our submission or any of the attached forms, or if you need anything further.

Sincerely,

Diane Hodgman, ChFC, AIRC
Compliance Analyst, Individual Annuities
T: 800.378-4578, ext. 8685
F: 971.478-5408
E: diane.hodgman@standard.com

Company and Contact

Filing Contact Information

Diane Hodgman, Compliance Analyst dhodgman@standard.com
1100 SW Sixth Avenue 971-321-8685 [Phone]
Individual Annuities 971-321-5408 [FAX]
P6A
Portland, OR 97204

Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life Insurance
Portland, OR 97204	Group Name: SIC	State ID Number:
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	

Filing Fees

Fee Required? Yes
Fee Amount: \$350.00

SERFF Tracking Number: STAN-126661531 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 45927
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FGA7/10, AGA5/7
Project Name/Number: /
Retaliatory? No
Fee Explanation: 7 forms X \$50 per form = \$350.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$350.00	06/11/2010	37177591

SERFF Tracking Number: STAN-126661531

State: Arkansas

Filing Company: Standard Insurance Company

State Tracking Number: 45927

Company Tracking Number:

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Product Name: FGA7/10, AGA5/7

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/17/2010	06/17/2010

SERFF Tracking Number: *STAN-126661531*

State: *Arkansas*

Filing Company: *Standard Insurance Company*

State Tracking Number: *45927*

Company Tracking Number:

TOI: *A10 Annuities - Other*

Sub-TOI: *A10.000 Annuities - Other*

Product Name: *FGA7/10, AGA5/7*

Project Name/Number: */*

Disposition

Disposition Date: 06/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STAN-126661531 State: Arkansas

Filing Company: Standard Insurance Company State Tracking Number: 45927

Company Tracking Number:

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: FGA7/10, AGA5/7

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form	FGA7 Contract Data		Yes
Form	FGA10 Contract Data		Yes
Form	AGA5 Contract Data		Yes
Form	AGA7 Contract Data		Yes
Form	Bonus Interest Rate Rider		Yes
Form	Market Value Adjustment Rider		Yes
Form	Deferred Annuity Application		Yes

SERFF Tracking Number: STAN-126661531 State: Arkansas

Filing Company: Standard Insurance Company State Tracking Number: 45927

Company Tracking Number:

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: FGA7/10, AGA5/7

Project Name/Number: /

Form Schedule

Lead Form Number: FGA7(03/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FGA7(03/10)	Schedule Pages	FGA7 Contract Data	Initial		50.000	FGA7.pdf
	FGA10(03/10)	Schedule Pages	FGA10 Contract Data	Initial		50.000	FGA10.pdf
	AGA5(03/10)	Schedule Pages	AGA5 Contract Data	Initial		50.100	AGA5-052610.pdf
	AGA7(03/10)	Schedule Pages	AGA7 Contract Data	Initial		50.100	AGA7-052610.pdf
	R-INT-BONUS(03/10)	Policy/Cont Bonus Interest Rate al	Interest Rate Rider	Initial		57.800	R-INT-BONUS--020310.pdf
	R-MVAR(03/10)	Policy/Cont Market Value al	Market Value Adjustment Rider	Initial		50.200	R-MVAR-2-022510.pdf
	SI 10040 (3/10)	Application/Deferred Annuity Enrollment Form	Application	Initial		54.000	10040_310_610.pdf

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

GENERAL CONTRACT INFORMATION

Contract Number:	[123456]
Annuitant:	[John Doe]
Owner:	[John Doe]
Annuitant's Age At Issue:	[35]
Contract Effective Date:	[February 1, 2010]
Annuity Date*:	[February 1, 2070]
Basic Annuity Premium:	[\$25,000]
{Additional Riders:	[Terminal Condition Benefit Rider; Nursing Home Benefit Rider; Earned Interest Only Rider; Market Value Adjustment Rider, Death Benefit Rider; etc.]}

*The Annuity Date is: (a) the Contract Anniversary nearest the Annuitant's 95th birthday; or (b) the tenth Contract Anniversary; whichever is later.

INTEREST RATES

Initial Guaranteed Effective Annual Interest Rate:

Basic Annuity Premium:	[3.15%] for the first seven Contract Years.
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Additional Premium During The
First 90 Days After The Contract
Effective Date:

The interest rate in effect on the date of the deposit. Such interest rate is guaranteed for the first seven years after the date of the deposit.

Guaranteed Minimum Effective Annual Interest Rate: The interest rate may change after the initial interest guarantee period of seven years. However, the guaranteed minimum effective annual interest rate will not be less than [1.30]%.

VALUE OF THE ANNUITY FUND

The value of the annuity fund equals:

1. The basic annuity premium; plus
 2. Additional premium paid during the first 90 days after the Contract Effective Date; plus
 3. Interest credited, including any applicable interest bonus; less
 4. Amounts surrendered; less
 5. Surrender fees, as applicable; less
 6. Premium tax, if applicable.
-

SURRENDER FEES

<u>Contract Year</u>	<u>Surrender Fee Percentage</u>
First	8%
Second	7%
Third	6%
Fourth	5%
Fifth	4%
Sixth	3%
Seventh	2%
Thereafter	None

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

GENERAL CONTRACT INFORMATION

Contract Number:	[123456]
Annuitant:	[John Doe]
Owner:	[John Doe]
Annuitant's Age At Issue:	[35]
Contract Effective Date:	[February 1, 2010]
Annuity Date*:	[February 1, 2070]
Basic Annuity Premium:	[\$25,000]
{Additional Riders:	[Terminal Condition Benefit Rider; Nursing Home Benefit Rider; Earned Interest Only Rider; Market Value Adjustment Rider; Death Benefit Rider; etc.]}

*The Annuity Date is: (a) the Contract Anniversary nearest the Annuitant's 95th birthday; or (b) the tenth Contract Anniversary; whichever is later.

INTEREST RATES

Initial Guaranteed Effective Annual Interest Rate:

Basic Annuity Premium:	[3.20%] for the first ten Contract Years.
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Additional Premium During The
First 90 Days After The Contract
Effective Date:

The interest rate in effect on the date of the deposit. Such interest rate is guaranteed for the first ten years after the date of the deposit.

Guaranteed Minimum Effective Annual Interest Rate: The interest rate may change after the initial interest guarantee period of ten years. However, the guaranteed minimum effective annual interest rate will not be less than [1.30]%.

VALUE OF THE ANNUITY FUND

The value of the annuity fund equals:

1. The basic annuity premium; plus
 2. Additional premium paid during the first 90 days after the Contract Effective Date; plus
 3. Interest credited, including any applicable interest bonus; less
 4. Amounts surrendered; less
 5. Surrender fees, as applicable; less
 6. Premium tax, if applicable.
-

SURRENDER FEES

<u>Contract Year</u>	<u>Surrender Fee Percentage</u>
First	8%
Second	7%
Third	6%
Fourth	5%
Fifth	4%
Sixth	3%
Seventh	2%
Eighth	1%
Ninth	0.9%
Thereafter	None%

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

GENERAL CONTRACT INFORMATION

Contract Number:	[123456]
Annuitant:	[John Doe]
Owner:	[John Doe]
Age At Issue:	[35]
Contract Effective Date:	[February 1, 2010]
Annuity Date*:	[February 1, 2070]
Basic Annuity Premium:	[\$25,000]
{Additional Riders:	[Terminal Condition Benefit Rider; Nursing Home Confinement Benefit Rider; Ten Percent (10%) Annuity Fund Value Rider; Guarantee of Principal Rider; Earned Interest Only Rider, Death Benefit Rider, Market Value Adjustment Rider, etc.]}

*The Annuity Date is: (a) the Contract Anniversary nearest the Annuitant's 95th birthday; or (b) the tenth Contract Anniversary; whichever is later.

INTEREST RATES

Initial Guaranteed Effective Annual Interest Rate:

Basic Annuity Premium:	[3.85]% for the first Contract Year.*
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Additional Premium During The
First 90 Days After The Contract
Effective Date:

The interest rate in effect on the date of the deposit. Such interest rate is guaranteed for the first year after the date of the deposit.

*Includes a first-year bonus interest rate of [2.00]%.

Interest Rate Guarantee: The interest rate for the premium payment is guaranteed for one year from the date we receive the premium. The interest rate may change after that first year, subject to the guaranteed minimum effective annual interest rate.

Guaranteed Minimum Effective Annual Interest Rate: The guaranteed minimum effective annual interest rate will not be less than [1.30]%.

VALUE OF THE ANNUITY FUND

The value of the annuity fund equals:

1. The basic annuity premium; plus
2. Additional premium paid during the first 90 days after the Contract Effective Date; plus
3. Interest credited, including any applicable interest bonus; less
4. Amounts surrendered; less
5. Surrender fees, as applicable; less
6. Premium tax, if applicable.

SURRENDER FEES

<u>Contract Year</u>	<u>Surrender Fee Percentage</u>
First	7%
Second	6%
Third	5%
Fourth	4%
Fifth	2%
Thereafter	None

CONTRACT DATA

This section contains many of the features of your Single Premium Deferred Annuity Contract. Other provisions appear in: (a) other sections; or (b) attached Contract amendments, riders or endorsements. For full details, please refer to the text of each: (a) section; (b) amendment; (c) rider; or (d) endorsement.

GENERAL CONTRACT INFORMATION

Contract Number:	[123456]
Annuitant:	[John Doe]
Owner:	[John Doe]
Age At Issue:	[35]
Contract Effective Date:	[February 1, 2010]
Annuity Date*:	[February 1, 2070]
Basic Annuity Premium:	[\$25,000]
{Additional Riders:	[Terminal Condition Benefit Rider; Nursing Home Confinement Benefit Rider; Ten Percent (10%) Annuity Fund Value Rider; Guarantee of Principal Rider; Earned Interest Only Rider, Death Benefit Rider, Market Value Adjustment Rider, etc.]}

*The Annuity Date is: (a) the Contract Anniversary nearest the Annuitant's 95th birthday; or (b) the tenth Contract Anniversary; whichever is later.

INTEREST RATES

Initial Guaranteed Effective Annual Interest Rate:

Basic Annuity Premium:	[4.85]% for the first Contract Year.*
Additional Premium During The First 90 Days After The Contract Effective Date:	The interest rate in effect on the date of the deposit. Such interest rate is guaranteed for the first year after the date of the deposit.

*Includes a first-year bonus interest rate of [2.00]%.

Interest Rate Guarantee: The interest rate for the premium payment is guaranteed for one year from the date we receive the premium. The interest rate may change after that first year, subject to the guaranteed minimum effective annual interest rate.

Guaranteed Minimum Effective Annual Interest Rate: The guaranteed minimum effective annual interest rate will not be less than [1.30]%.

VALUE OF THE ANNUITY FUND

The value of the annuity fund equals:

1. The basic annuity premium; plus
2. Additional premium paid during the first 90 days after the Contract Effective Date; plus
3. Interest credited, including any applicable interest bonus; less
4. Amounts surrendered; less
5. Surrender fees, as applicable; less
6. Premium tax, if applicable.

SURRENDER FEES

<u>Contract Year</u>	<u>Surrender Fee Percentage</u>
First	7%
Second	6%
Third	5%
Fourth	4%
Fifth	3%
Sixth	2%
Seventh	1%
Thereafter	None

STANDARD INSURANCE COMPANY
A STOCK LIFE INSURANCE COMPANY
[1100 SW SIXTH AVENUE]
[PORTLAND, OREGON 97204]
[(800) 247-6888]

BONUS INTEREST RATE RIDER

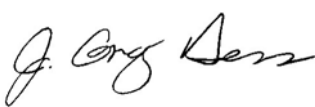
Owner:	[John Doe]
Contract Number:	[123456]
Annuitant:	[John Doe]
Rider Effective Date:	[February 1, 2010]

The Contract is amended to recognize that the Initial Interest Rate includes a [1.00 to 5.00]% interest bonus for the [first {two to five} Contract Year{s}]. Renewal interest rates thereafter will not include this interest bonus feature.

PART OF CONTRACT — This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

STANDARD INSURANCE COMPANY

BY

{  }

J. Greg Ness
President

{  }

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY
A STOCK LIFE INSURANCE COMPANY
[1100 SW SIXTH AVENUE]
[PORTLAND, OREGON 97204]
[(800) 247-6888]

MARKET VALUE ADJUSTMENT RIDER

During the Market Value Adjustment Period, any amount surrendered or used to provide annuity benefits may be subject to a Market Value Adjustment. The Market Value Adjustment may increase or decrease the amounts payable under the Contract. The amounts payable under the Contract will not be less than the statutory minimum values of the state in which the Contract is delivered.

Owner:	[John Doe]
Contract Number:	[123456]
Annuitant:	[John Doe]
Rider Effective Date:	[February 1, 2010]

["Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A" is an index developed by Bloomberg L.P.. The Product is not sponsored, endorsed, sold or promoted by Bloomberg L.P. and Bloomberg L.P. makes no representation regarding the advisability of purchasing the Product.]

The Contract is amended as follows:

- The **Definitions** section of the Contract is amended to add the following definitions:
Market Value Adjustment: An adjustment to an amount surrendered or used to provide annuity benefits commencing during the Market Value Adjustment Period.
Market Value Adjustment Period: The period beginning on the rider effective date and ending on the [1st to 10th] anniversary of the rider effective date.
- The **Benefit Provisions** section of the Contract is amended to add the following **Market Value Adjustment** section:

Market Value Adjustment

A. Market Value Adjustment.

Amounts surrendered or used to provide annuity benefits commencing during the Market Value Adjustment Period are subject to a Market Value Adjustment. The Market Value Adjustment is determined as follows:

(A – B – C) times D; where:

A = The amount surrendered or used to provide annuity benefits.

B = The portion of the surrender not subject to a surrender fee.

C = The applicable surrender fee.

D = The Market Value Adjustment Factor.

The Market Value Adjustment Factor is determined as follows:

$$\left\{ \left(\frac{1 + X}{1 + Y} \right)^{N/12} \right\} - 1; \text{ where:}$$

X = The index rate as of the beginning of the Market Value Adjustment Period.

Y = The index rate as of the date we receive the request for surrender or payment of annuity benefits.

N = The number of months remaining to the end of the Market Value Adjustment Period, rounded up to the next higher number of months.

The index rate as of any given date is based on:

- a. The four-week average of the [Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 5 Year; Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 7 Year; or Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 10 Year]; ending on
- b. The third Friday of the preceding calendar month.

When “X” is greater than “Y”, the Market Value Adjustment: (1) is positive; and (2) increases the surrender value or the annuity benefit.

When “X” is less than “Y”, the Market Value Adjustment: (1) is negative; and (2) decreases the surrender value or the annuity benefit.

If the index of the [Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 5 Year; Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 7 Year; Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 10 Year] is discontinued: (1) we may change the index used for determining the index rates; (2) we may change the method for determining the index rates; and (3) we will provide you with Written Notice of the change.

The Market Value Adjustment will not increase or decrease your surrender value by more than:

- a. The value of the annuity fund; minus
- b. The MVA Minimum Annuity Value; minus
- c. The surrender fee.

The MVA Minimum Annuity Value equals:

- a. 87.5% of premium; minus
- b. Prior partial surrenders (not including any surrender fees, Market Value Adjustments, and premium tax that applied to such surrender(s), if any); accumulated at
- c. The minimum guaranteed interest rate (see **Contract Data**).

B. Waiver of Market Value Adjustment.


There will be no Market Value Adjustment for any benefit under the Contract when surrender fees are waived for that benefit.

3. The value of the annuity fund as shown in **Contract Data** is subject to adjustment under the terms of the **Market Value Adjustment** section of the Contract.
4. The **Value Of The Annuity Fund** provision in the **Annuity Benefits** section is amended to provide:
The value of the annuity fund available to provide benefits under the Contract is subject to adjustment under the terms of the **Market Value Adjustment** section of the Contract.
5. The **Annuity Benefit Amount** provision in the **Annuity Benefits** section is amended to provide:
The value of the annuity fund to determine the amount of annuity benefits under the Contract is subject to adjustment under the terms of the **Market Value Adjustment** section of the Contract.
6. The **Total Surrender** and the **Partial Surrender** provisions in the **Surrender Benefits** section are amended to provide:
The amount of any total surrender or partial surrender under the Contract is subject to adjustment under the terms of the **Market Value Adjustment** section of the Contract.

PART OF CONTRACT — This rider is part of the Contract to which it is attached. All Contract terms will apply to this rider unless they: (a) have been changed by this rider; or (b) conflict with this rider.

STANDARD INSURANCE COMPANY

BY

{  }
J. Greg Ness
President

{  }
Holley Y. Franklin
Corporate Secretary



The Standard®

Standard Insurance Company
Individual Annuities 800.247.6888 Tel
1100 SW Sixth Avenue Portland OR 97204-1093 www.standard.com

Deferred Annuity Application

1 Purchase

Secured Rate Annuity	<input type="checkbox"/> SRA 1 <input type="checkbox"/> SRA 3 <input type="checkbox"/> SRA 5 <input type="checkbox"/> SRA 6
First Rate Annuity	<input type="checkbox"/> FRA 7
Focused Growth Annuity	<input type="checkbox"/> FGA 5 <input type="checkbox"/> FGA 6 <input type="checkbox"/> FGA 7 <input type="checkbox"/> FGA 10
Advantage Growth Annuity	<input type="checkbox"/> AGA 5 <input type="checkbox"/> AGA 7
Principal Growth Annuity	<input type="checkbox"/> PGA 5 <input type="checkbox"/> PGA 7 <input type="checkbox"/> PGA 9
Flexible Choice Annuity	<input type="checkbox"/> FCA 5 <input type="checkbox"/> FCA 7
Flexible Premium Deferred Annuity	<input type="checkbox"/> FPDA
	<input type="checkbox"/> Other _____

2 Annuitant (Limit to one Annuitant.)

FULL LEGAL NAME		SSN OR TIN	BIRTH DATE	
ADDRESS		CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE	EMAIL		

3 Owner (Only if other than Annuitant. Limit to one Owner except to facilitate a 1035 Exchange where a joint-ownership is in place.)

FULL LEGAL NAME		SSN OR TIN	BIRTH DATE	
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> NA	PHONE	EMAIL		

4 Premium

AMOUNT ATTACHED	ESTIMATED AMOUNT(S) FORTHCOMING	TOTAL AMOUNT EXPECTED
PLANNED ANNUAL PREMIUM (IF APPLICABLE)	PAYMENT MODE (IF APPLICABLE) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
LIST BILL <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST BILL NUMBER (IF APPLICABLE)	LIST BILL EMPLOYER NAME (IF APPLICABLE)

5 Contract Type (Choose one.)

Non-Qualified Funds
☐ New Investment ☐ 1035 Exchange (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Traditional IRA
☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Roth IRA
☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Simplified Employee Pension (SEP) IRA
☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Inherited IRA
☐ Rollover (Attach form **12213** and **13668.**) ☐ Transfer (Attach form **12213** and **13668.**)

Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from ☐ Participant ☐ Employer
☐ New Investment ☐ Rollover (Attach form **12213-TSA-A.**) ☐ Transfer (Attach form **12213-TSA-A.**)

ERISA 403(b) Tax-Sheltered Annuity with Contributions from ☐ Participant ☐ Employer
☐ New Investment ☐ Rollover (Attach form **12213-TSA-A.**) ☐ Transfer (Attach form **12213-TSA-A.**)

Qualified Pension for Plan Year _____, for Plan Type ☐ Defined Benefit ☐ Defined Contribution
☐ New Investment (Attach form **5835.**) ☐ Transfer (Attach form **12213** and **5835.**)

6 Annuitant, Owner and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date all papers.)

7 Interest Payments (Attach form **5031** substitute IRS forms W-9 and W-4P. For eft attach **11426**.)

INITIATE INTEREST PAYMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	PAYMENT MODE <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
--	---

8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature.)

Primary Beneficiary(ies)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contingent Beneficiary(ies)

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

FULL LEGAL NAME	PERCENT	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)		TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS		CITY	STATE	ZIP CODE

Contract Return; Information Request

The owner may cancel and return the contract for any reason within thirty (30) days after it is received. If the contract is returned, Standard Insurance Company will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, after receiving: (1) a written notice of cancellation; (2) the original contract document; and (3) a completed form **5031** or IRS forms W-9 and W-4P from the owner. Upon written request of the owner, Standard Insurance Company will provide factual information about the contract benefits and provisions within a reasonable time.

Applies if the annuity is purchased through a bank or credit union.

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

State Fraud Notices

AR, KY, LA, ME, NM, OH, OK, PA and TN Residents Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CO Residents It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

DC, RI Residents Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD Residents Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ Residents Any person who includes any misleading information on an application for an insurance policy is subject to criminal and civil penalties.

WA Residents It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Privacy Statement

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policyowners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) other insurance

companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the *Privacy Notice* by contacting Standard Insurance Company at the address above.

ME Residents I further understand that failure to sign the authorization may: (a) impair the ability to evaluate my claim for benefits; and (b) be the basis for denying my claim for benefits.

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. Additionally, I declare the following:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life or annuity contracts. Regardless of answer, states that have adopted NAIC replacement model please attach [10443.]
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If so, the broker has left with me all materials used in this presentation.
- C** ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D** ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).
- E** ☐ Yes ☐ No I am purchasing an SRA 1, FRA 7, AGA 5 or AGA 7.
a ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for the first contract year.
- F** ☐ Yes ☐ No I am purchasing an FGA 5, FGA 6, FGA 7, FGA 10, AGA 5 or AGA 7. If yes:
a ☐ Yes ☐ No I understand that this annuity includes a market-value adjustment feature. During the market-value adjustment period, any amount surrendered or used to provide annuity benefits may be subject to the adjustment. It could increase or decrease the amounts payable under the contract. If interest rates rise after the contract effective date, the market-value adjustment will generally decrease the surrender value; if interest rates fall, the market-value adjustment will generally increase the surrender value.
b ☐ Yes ☐ No I have received and read the applicable product disclosure and understand the various product features, including but not limited to: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; and (e) annuitization.
- G** ☐ Yes ☐ No I am purchasing a FCA 5, FCA 7, PGA 5, PGA 7 or PGA 9.
a ☐ Yes ☐ No If Yes, I understand that The Standard guarantees that the additional interest will be credited only for one year from the date of receipt of each premium.
- H** ☐ Yes ☐ No I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity. I agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

 ANNUITANT SIGNATURE

 DATE

 SIGNED AT (CITY, STATE)

 OWNER SIGNATURE (IF NOT ANNUITANT)

 DATE

 SIGNED AT (CITY, STATE)

Owner signing as ☐ Self ☐ Trustee

☐ Attorney in Fact (Attach certified Power of Attorney and form [14389])

☐ Other _____

11 Insurance Broker Declarations

FULL LEGAL NAME	E-MAIL		
BUSINESS OR INSTITUTION NAME	PHONE	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and owner, if not the annuitant. Additionally, I certify:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life or annuity contracts. States using replacement form **10443** always attach that form.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance or annuity contract. If Yes, an appropriate replacement form is attached.
- C** ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.
- D** ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.
- E** ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** with the owner; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.
- F** ☐ Yes ☐ No I have verified the identity of the annuitant and owner, if not the annuitant, by reviewing a government-issued photo identification.

INSURANCE BROKER SIGNATURE

DATE

SIGNED AT (CITY, STATE)

STANDARD INSURANCE COMPANY HOME OFFICE USE

(WV residents must consent in writing to any changes shown in this section.)

SERFF Tracking Number: STAN-126661531 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 45927
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FGA7/10, AGA5/7
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Read Cert-FGA7_10 AGA5_7.pdf		
Satisfied - Item: Application Comments: A new application is being filed under the form schedule.	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability Comments: Attachment: EOV-FGA7_10 AGA5_7 - 060310.pdf	Item Status:	Status Date:

STANDARD INSURANCE COMPANY

1100 SW SIXTH AVENUE
PORTLAND, OREGON 97204

CERTIFICATION OF READABILITY

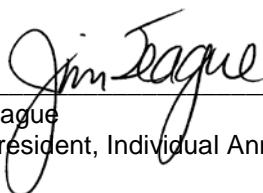
Re: Contract Data Form No. FGA7(03/10)
Contract Data Form No. FGA10(03/10)
Contract Data Form No. AGA5(03/10)
Contract Data Form No. AGA7(03/10)
Bonus Interest Rate Rider Form No. R-INT-BONUS(03/10)
Market Value Adjustment Rider Form No. R-MVAR(03/10)
Individual Deferred Annuity Application Form No. SI 10040(3/10)

I hereby certify that with respect to the above-referenced forms, the forms meet or exceed the minimum reading ease score and all other readability requirements of your State.

<u>Form Number</u>	<u>Flesch Reading Ease Score</u>
FGA7(03/10)*	50.0
FGA10(03/10)*	50.0
AGA5(03/10)*	50.1
AGA7(03/10)*	50.1
R-INT-BONUS(03/10)	57.8
R-MVAR(03/10)	50.2
SI 10040(3/10)**	54.0

*Scored in conjunction with Contract Form No. SPDA(9/03).

**Does not include state-mandated fraud language.



Jim Teague
Vice President, Individual Annuities

April 23, 2010
Date

STANDARD INSURANCE COMPANY
1100 SW SIXTH AVENUE
PORTLAND, OREGON 97204

EXPLANATION OF VARIABILITY
INDIVIDUAL FIXED DEFERRED ANNUITY

Re: Contract Data Form Nos. FGA7(03/10), FGA10(03/10)
Contract Data Form Nos. AGA5(03/10), AGA7(03/10)
Market Value Adjustment Rider Form No. R-MVAR(03/10)
Bonus Interest Rate Rider Form No. R-INT-BONUS(03/10)
Deferred Annuity Application Form No. SI 10040(3/10)

VARIABILITY – Variability, as noted within this Explanation of Variability, shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination

BRACKETS

- Soft Brackets { } – Denote that provision or text is optional, i.e., may be or may not be included in policy.
- Hard Brackets [] – Denote that provision or text is variable.

CONTRACT DATA – FGA7(03/10); FGA10(03/10)

1. Contract Number -- Will insert contract number.
2. Annuitant -- Will insert name of Annuitant.
3. Owner -- Will insert name of Owner.
4. Annuitant's Age at Issue -- Will insert Annuitant's age as of contract issue date.
5. Contract Effective Date -- Will insert contract effective date.
6. Annuity Date -- Will insert annuity date. The annuity date will be (a) the contract anniversary nearest the Annuitant's 95th birthday or (b) the 10th contract anniversary date, whichever is later.
7. Basic Annuity Premium -- Will insert the amount of the initial premium.
8. Additional Riders
 - a. Will include when any of the optional riders are issued with the contract.
 - b. Will list the name(s) of the rider(s) issued with the contract.
 - c. Note: We are filing optional riders for plan design flexibility purposes. We plan the initial roll-out to use: the Terminal Condition Benefit Rider (previously approved); the Nursing Home Benefit Rider (previously approved); the Death Benefit Rider (previously approved); the Earned Interest Only Rider (previously approved); and the Market Value Adjustment Rider (included in this submission). Any change in plan design as determined by us will be within the variability noted here and in our filing cover letter relative to optional riders, and will be administered uniformly to all new applicants in a non-discriminatory manner.
9. Basic Annuity Premium Interest Rate -- Will insert the initial interest rate applicable to the basic annuity premium.
10. Guaranteed Minimum Effective Annual Interest Rate -- Will insert the guaranteed minimum interest rate applicable to the contract. Ranges from 1.00% to 3.00%. The range is based on the state's standard nonforfeiture law for individual deferred annuities, and the calculation is compliant with the requirements under such law (see Actuarial Memorandum).

CONTRACT DATA – AGA5(03/10); AGA7(03/10)

11. Contract Number -- Will insert contract number.
12. Annuitant -- Will insert name of Annuitant.
13. Owner -- Will insert name of Owner.
14. Annuitant's Age at Issue -- Will insert Annuitant's age as of contract issue date.
15. Contract Effective Date -- Will insert contract effective date.
16. Annuity Date -- Will insert annuity date. The annuity date will be (a) the contract anniversary nearest the Annuitant's 95th birthday or (b) the 10th contract anniversary date, whichever is later.
17. Basic Annuity Premium -- Will insert the amount of the initial premium.
18. Additional Riders
 - a. Will include when any of the optional riders are issued with the contract.
 - b. Will list the name(s) of the rider(s) issued with the contract.
 - c. Note: We are filing optional riders for plan design flexibility purposes. We plan the initial roll-out to use: the Terminal Condition Benefit Rider (previously approved); the Nursing Home Benefit Rider (previously approved); the Death Benefit Rider (previously approved); the Earned Interest Only Rider (previously approved); the Ten Percent (10%) Annuity Fund Value Rider (previously approved), the Bonus Interest Rate Rider (included in this submission) and the Market Value Adjustment Rider (included in this submission). Any change in plan design as determined by us will be within the variability noted here and in our filing cover letter relative to optional riders, and will be administered uniformly to all new applicants in a non-discriminatory manner.
19. Basic Annuity Premium Interest Rate -- Will insert the initial interest rate applicable to the basic annuity premium.
20. Bonus Interest Rate -- Will insert the interest rate bonus percentage applicable to the initial interest rate. Ranges from 1.00% to 5.00%. Note: We are filing such range for plan design flexibility. We plan the initial roll out for our enclosed plan designs under AGA5 and AGA7 to include a 2.00% interest rate bonus. Any change in plan design will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.
21. Guaranteed Minimum Effective Annual Interest Rate -- Will insert the guaranteed minimum interest rate applicable to the contract. Ranges from 1.00% to 3.00%. The range is based on the state's standard nonforfeiture law for individual deferred annuities, and the calculation is compliant with the requirements under such law (see Actuarial Memorandum).

BONUS INTEREST RATE RIDER – R-INT-BONUS(03/10) -- An optional rider that may be included on any of our individual deferred annuities, including plan designs previously approved.

Note: We are filing this optional rider for plan design flexibility. Any change in plan design for contract data forms approved by the Insurance Department will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.

22. Address and Phone Number -- Will insert the company home office address and phone number administering annuities.
23. Owner -- Will insert name of Owner.
24. Contract Number -- Will insert contract number.
25. Annuitant -- Will insert name of Annuitant.
26. Rider Effective Date -- Will insert the effective date of the rider.
27. Initial Interest Rate Bonus -- Will insert the applicable bonus interest rate. Ranges from 1.00% to 5.00%. Note: We are filing such range for plan design flexibility. We plan the initial roll out for our plan designs under FGA7 and FGA10 not to include an interest rate bonus. We plan the initial roll out for our plan designs under AGA5 and AGA7 to include a 2.00% interest rate bonus. Any

change in plan design will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.

- 28. Interest Rate Bonus Time Period -- Will insert the number of contract years to which the bonus interest rate applies. Ranges from the first contract year to the first five contract years. We plan the initial roll out for our plan designs under FGA7 and FGA10 not to include an interest rate bonus. We plan the initial roll-out of our plan designs under AGA5 and AGA7 to use a one-year interest rate bonus time period. Any change in plan design will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.
- 29. Signatures, Titles – Will insert signature and appropriate title of current company President and Corporate Secretary.

MARKET VALUE ADJUSTMENT RIDER – R-MVAR(03/10) – An optional rider that may be included on any of our individual deferred annuities, including plan designs previously approved.

Note: We are filing this optional rider for plan design flexibility. We plan the initial roll out for our enclosed plan designs under FGA7, FGA10, AGA5 and AGA7 to include a market value adjustment feature. Any change in plan design for contract data forms approved by the Insurance Department will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.

- 30. Address and Phone Number – Will insert the company home office address and phone number administering annuities.
- 31. Owner – Will insert name of Owner.
- 32. Contract Number – Will insert contract number.
- 33. Annuitant – Will insert name of Annuitant.
- 34. Rider Effective Date – Will insert the effective date of the rider.
- 35. Index – Will include when using the Bloomberg index.
- 36. Market Value Adjustment Period – Will insert the number of the rider's effective date anniversary. The number is generally determined by the end of the initial interest rate guarantee period or the end of the surrender period, according to plan design. We plan the initial roll out for our plan design under FGA7 to use the 7th anniversary of the rider effective date and for our plan design under FGA10 to use the 10th anniversary of the rider effective date. We plan the initial roll out of our plan design under AGA5 to use the 5th anniversary of the rider effective date and for our plan design under AGA7 to use the 7th anniversary of the rider effective date. Any change in plan design will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.
- 37. Index used to determine the Index Rate – Will insert the applicable index. The index will be that which closely approximates or equals the greater of (1) the initial interest rate guarantee period and (2) the surrender period. We plan the initial roll out of our plan design under FGA7 to use the Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 7 Year, and of our plan design under FGA10 to use the Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 10 Year. We plan the initial roll out of our plan design under AGA5 to use the Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 5 Year, and of our plan design under AGA7 to use the Bloomberg Fair Value U.S. Dollar Denominated U.S. Industrial A 7 Year. Any change in plan design will be within the range of variability herein, as determined by us, and will be administered uniformly to all new applicants in a non-discriminatory manner.
- 38. Index – Will insert the applicable index. See 36 above.
- 39. Signatures, Titles – Will insert signature and appropriate title of current company President and Corporate Secretary.

APPLICATION – SI 10040(3/10)

- 40. Logo – Will insert logo.
- 41. Address and Phone Number – Will insert the company home office address and phone number administering annuities.
- 42. Purchase – The submissions of any new products that may use the application will include reference to use of the application. The listing of products will be revised to add new products upon state approval as required of such product and to delete products that are no longer marketed.
- 43. Annuitant -- The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
- 44. Owner – The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
- 45. Premium – The order in which the information is requested may be revised. Generally the order of the requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
- 46. Beneficiary Designation – The order in which the information is requested may be revised. Generally the order of the requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.

Notices and Disclosures

- 47. Fraud Statements -- Specific fraud statements may be revised based upon revised state law or regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on our application forms. Any changes to state law listed will be resubmitted for review purposes.
 - 48. Privacy Statement -- The privacy statement may be revised based on revised or enacted/adopted state and federal statute or regulation.
49. Annuitant and Owner Declarations
- a) Item E – Identified products may be changed if: (i) another product is added upon state approval as required that includes the interest rate bonus; or (ii) a listed product is removed from the marketplace.
 - b) Item F – Identified products may be changed if: (i) another product is added upon state approval as required that includes a market value adjustment; or (ii) a listed product is removed from the marketplace.
 - c) Item G – Identified products may be changed if: (i) another product is added upon state approval as required that includes additional interest rate; or (ii) a listed product is removed from the marketplace.
50. Insurance Broker Declarations
- a) The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
 - b) Payment Option – May be revised if we begin offering alternative commission payment schedules.
51. List of Policy Forms – The listing of policy form numbers will be revised to add new individual deferred annuity products upon state approval and to delete products that are no longer marketed.
52. References to Administrative Forms – As administrative forms are revised and updated, new form numbers are generally given to such forms. Any revisions to form numbers of administrative forms referenced in the application will be updated.